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May 9, 2011

Goldsmith, Ctorides & Rodriguez, L.L.P.
Attorneys for Plaintiffs
747 Third Avenue, 37th Floor
New York, New York 10017

Re: Bryant v. Milhorat, et al.
MCB File No. 338-81368

MAY 11 2011

To Whom It May Concern:

We hereby serve upon you the enclosed report by Dr. Sandra Forem of her April 13, 2011 examination of your client, [REDACTED]. Please be advised that we reserve our right to call Dr. Forem as a defense witness at the trial of this action.

Very truly yours,

MARTIN CLEARWATER & BELL LLP



Anthony M. Sola

cc: Heidell, Pittoni, Murphy & Bach, LLP
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April 13, 2011

Anthony M. Sola, Esq.
Martin, Clearwater & Bell
Counselors at Law
220 East 42nd Street
New York, NY 10017-5842

Re: Bryant v. Milhorat, et al.
MCB File No.: 00338-081368
Neurological Examination Of: [REDACTED]
Date of Birth: [REDACTED]
Date of Exam: April 13, 2011

Dear Ms. Sola:

Upon your request, [REDACTED] was seen in my office for neurological examination on April 13, 2011, accompanied by her mother/legal guardian, Mrs. April Bryant and Ms. Laura A. Russell, Esq. of Goldsmith, Ctorides & Rodriguez, LLP. I had the opportunity to review select past medical records. Additional history and information regarding [REDACTED] present function was supplied to me by Mrs. Bryant and [REDACTED]. With the permission of Mrs. Bryant, [REDACTED] and Ms. Russell, the three of us were joined toward the end of the examination by Ms. Jeannette Antico, Esq. of Martin Clearwater & Bell, LLP.

Accordingly to Mrs. Bryant, [REDACTED] now age [REDACTED], attends regular [REDACTED] at Hayden Meadows, her local public school in Hayden, Idaho. [REDACTED] gets speech therapy twice weekly at school and private speech therapy over the summer, as well as private physical therapy once to twice per week. She is described as an average student, who has always had mild speech delay and articulatory speech disorder, having begun to stutter at about 2-1/2 -years of age. [REDACTED] and her fraternal twin brother, Brody, had some special early non-verbal communication, but never used unique language. People often remark that [REDACTED] sounds "British." when she speaks. [REDACTED] explained that she has problems with articulating "R" sounds.

Mrs. Bryant reported that [REDACTED] intermittently experiences uncomfortable "tingling" on the middle part of the soles of her feet that lasts from ten minutes to "a long time" and that this is very annoying and slightly painful. She also gets intermittent low back pain with occasional dizziness upon exertion or bending over. [REDACTED] is said to have poor endurance and her parents still use a stroller to transport her for distance, although she is getting too big for this. [REDACTED] takes Motrin or Tylenol for her pain. Her PCP recently prescribed Neurontin, but the prescription has not been filled and she has never been given Neurontin due to parental concern about potential side effects. [REDACTED] has good hand coordination and enjoys art. She attends ballet class one to two times per week when she is feeling well. [REDACTED] remains under neurosurgical supervision, but she is not under orthopedic or neurological care. [REDACTED] last surgery in April 2010 was for removal of lumboperitoneal shunt that was causing headaches due to over-draining.

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██████ headaches subsequently resolved. According to her mother, ██████ most recent last MRI in October 2010 showed syringomyelia of the whole spinal cord, which is being observed for now. Her physical therapist reportedly feels that ██████ has right sided weakness of both upper and lower extremities and that she has some thinning of her right thigh leg. Mrs. Bryant agrees that ██████ has some weakness of her right leg, although she fails to note weakness in the right upper extremity. ██████ suffers from chronic constipation, which is treated with low dose Miralax daily and periodic Miralax cleanses. She is said to have urinary dribbling after she urinates, which is up to eight times per day. ██████ takes fluoride for good dentition.

██████ was diagnosed with nephrocalcinosis, having passed a kidney stone in the fall of 2008. She is treated with "low sodium diet and plenty of water." ██████ broke her nose on April 10, 2011 when she climbed atop a kitchen counter while playing with her brother and fell onto the floor as she tried to swing between two parallel kitchen counters. She was taken to a local Emergency Room, where the epistaxis was controlled and observation for nasal curvature was advised. ██████ does not wear any orthotics and has no history of seizures or hearing problems. She has eyeglasses for mild myopia and has been noted to have benign pupillary asymmetry by her ophthalmologist. According to her mother, ██████ eats "well" and has no swallowing difficulty.

General Examination: ██████ is a well-developed, well-nourished ██████ girl noted to have yellow-blue discoloration atop and to the sides of her nasal bridge, without nasal crepitus or curvature. She has normal facies in the absence of dysmorphisms. Head circumference measures 52.5-cm, without craniocervical bruit. Weight is 48-lb and height is 4-ft. Heart, lungs and abdomen, appear normal. No neurocutaneous stigmata, meningeal signs, scoliosis, kyphosis, tenderness to spinal percussion or CVAT is noted. There are well healed scars atop the right hip (6 x 0.5-cm), along middle of the lower lumbar spine 6 x 2 cm) and on the left lower abdominal wall (4 x 1 cm). No asymmetry in the length or width of the lower extremities is noted. Both thighs measure 32.5-cm at their widest diameter, both calves measure 24-cm at their widest diameter, both thighs measure 39-cm in length from mid-patella to upper iliac crest and both legs measure 31-cm in length from mid-patella to sole. There is bilateral pes valgus, mild on the left and moderate on the right. Rectal tone appears normal with anal sphincter held tightly closed upon inspection.

Neurological Examination:

Mental Status: ██████ is awake, alert and playful. Speech is fluent with initial stammering and hesitation, which rapidly improves. There is normal prosody with dyslalia for blend sounds, especially "R's." At times, ██████ speaks as though she does indeed have a British accent, but her speech is fully comprehensible once she warms up. ██████ tells me that her favorite foods are "shrimp, crab, kiwi, vegetables and strawberries." She answers all questions appropriately and follows simple and complex commands. ██████ appears attentive, cooperative, bright and well related. She is able to write her name neatly, draw a complex age-appropriate figures and copy all shapes. ██████ uses modified rigid tripod and has good spatial planning. There is right dominance in both upper and lower extremities. ██████ is able to read aloud confidently at the late ██████ level with good intonation, expression and comprehension. Spelling and arithmetic are also at or above grade level. ██████ performed some dance moves from her ballet classes, including standing on her toes and doing hemi-plies. She also sang a medley of songs on key with good articulation. Much to her satisfaction, her singing and dancing were applauded by all who were present, including: Mrs. Bryant, Ms. Russell, Ms. Antico and me.

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Cranial Nerves 2-12: Intact, including funduscopy OU. Mild physiological anisocoria is noted with the left pupil slightly (1 to 2-mm) larger than the right pupil, but both are reactive to light and accommodation. No pupillary irregularity, strabismus, head tilt, facial palsy or drooling. Normal hearing and gag. Tongue is midline. Sternocleidomastoid and trapezius are 5/5 bilaterally.

Sensation: Intact to light touch, pinprick and vibration. Normal peri-anal sensation to pin. .

Motor: 5/5 strength, with normal muscle bulk and tone in all four extremities.

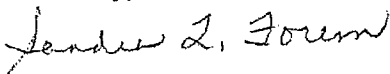
Associated Motor Functions: No dysmetria, past pointing or tremor. Finger-nose-finger, heel to shin and rapid alternating movements were well executed bilaterally.

Reflexes: Biceps, triceps, brachioradialis and finger flexors 2++, present throughout and symmetrical. Left knee and ankle jerks were 2+, while right knee jerk was 1+ and right ankle jerk was trace to absent. Intact superficial abdominals and protective reflexes.

Gait: Normal base and station, primary heel strike, tendency toward mild (right > left) equinus. . Able to jump and hop consecutively on either foot and walk on heels and toes. When asked to run back and forth from the exam room to the outer office and then back to the exam room, etc., [REDACTED] stopped briefly after three minutes, but when she was instructed to resume running less than 30-seconds later, she did so for more than five minutes continuously until I asked her to stop. [REDACTED] appeared transiently tachypneic for a less than 90-seconds thereafter, but she did not volunteer any complaint of pain, tingling, numbness, dysesthesia, weakness or fatigue.

It is my impression that [REDACTED] is a bright [REDACTED]-year-old right-handed girl noted to have articulatory speech disorder, mildly asymmetric reflexes in her lowers with depressed right knee and ankle jerks in the absence of any demonstrable pain, weakness or functional limitation noted on neurological examination in my office today.

Sincerely,



Sandra L. Forem, MD
Clinical Professor of Neurology
Director of Outpatient Clinical Services
Division of Pediatric Neurology
NYU School of Medicine

Encl.: Copy of [REDACTED] graphomotor productions.

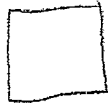
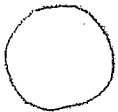
Cc: Ms. Cathy Tavella
Claims Examiner
Physicians Reciprocal Insurers
1800 Northern Blvd.
Roslyn, NY 11576

Write your name.

Re: [REDACTED]

4-13-2011

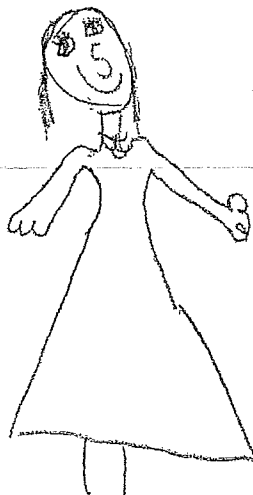
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Draw a person: →



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